

EDITORIAL

Key challenges in meeting MDG 4: Reduction of child mortality

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Most of the articles in this issue are related to child, infant and neonatal health which are embodied in the Millennium Development Goal (MDG)₄ (reducing under-five mortality rate by two-thirds, between 1990 and 2015). MDG₄ is measured using three important indicators: under-five mortality rate, infant mortality rate and proportion of infants immunized against measles (1). The inclusion of the latter indicator shows the strong correlation between immunization coverage and child survival and the fact that vaccinating children through increasing access to services contributes to reductions in infant mortality rate. As this indicator measures measles coverage, it can serve as a proxy indicator of other immunization services as well as of how well primary health care services are available and functioning in developing country set up (2, 3). Strength in this intervention indicates programmatic contributions to reductions in under-five mortality which often is disproportionately high among lower age groups. When an immunization program is not strong and coverage is low, the number of susceptible children under five accumulates favoring conditions for the occurrence of measles outbreak. One of the papers in this issue has reported a high case fatality rate (13.4%) among children under five in a district in Ethiopia due to measles outbreak where the case fatality rate was even higher among infants (33.3%) (4).

The current issue of the Journal also contains an article that analyzed the results of the 2005 Ethiopian DHS. According to this article, most of the infant deaths occurred in the first (47.9%) and second months (58.4%) of life and the determinants were linked to maternal and environmental factors (5). Another article in this issue has reported a neonatal mortality rate of 43.8 per 1000 live births in North Gondar Zone which is higher than the DHS report 2005 and 2011 (6). Most of the factors associated with this high level of neonatal mortality were related to maternal conditions such as number of pregnancies and maternal morbidity (in addition to past history of neonatal illness). Both these articles indicate the relevance of strengthening maternal as well as and neonatal services.

Although there is significant progress in meeting MDG₄, reports from the Sub Saharan Region indicate

existing challenges faced by most countries that include failure in addressing deep rooted and growing inequities that hamper gains in maternal and child health (7, 8). Ethiopia is one of the countries that have made significant progress towards meeting child health MDGs (9). Findings from the three Demographic Health Surveys of Ethiopia (10-12) indicate that there are significant reductions in child health indicators: under five mortality rate, child mortality rate and infant mortality rate (figure 1), even though declines in neonatal mortality have remained slow.

Regarding maternal factors that are important in child health, an analytical model that identified and examined 14 interventions on child mortality in Ethiopia has revealed institutional delivery as one among the few interventions with maximum projected impact in averting child death. This adds to the evidence that identification and focusing of interventions that give higher impact and addressing the MDG goals in an integrated fashion would have better synergetic effect (13, 14). Moreover, addressing both child and maternal health, including minimizing inequities through expansion of services, would enhance the outcome, as these interventions are related to one another and are targeted at the same time in most of the services. Such an integrated and focused approach would also be important in terms of reorganizing and aligning resources to bring about the desired outcome in the remaining countdown years.

With the recent decrease in official development assistance (ODA) to maternal, newborn and child health programs for countries prioritized to receive such support (15), it is very critical that Countdown priority countries like Ethiopia focus on efficiency of interventions in maternal, neonatal and child health in order to sustain gains and meet the MDGs. It is also recommended that attention be given to interventions related to neonatal health as the reductions in neonatal death between 2005 and 2011 has remained slower compared to the gains made earlier (between 2000 and 2005) (10-12).

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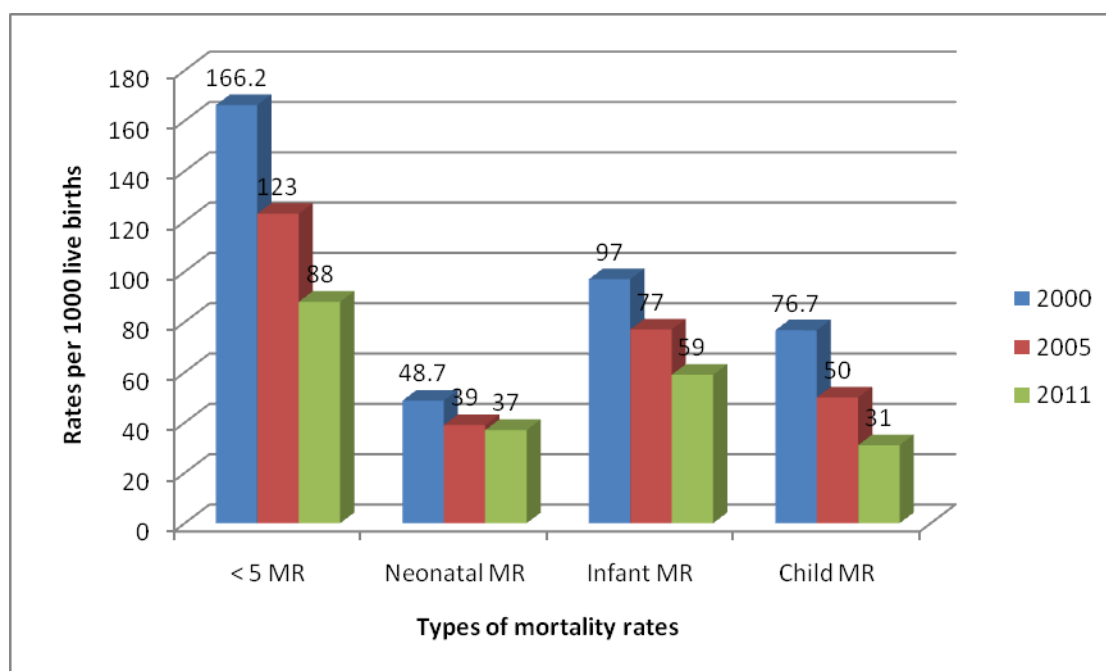


Figure 1: Early childhood mortality rates, data from EDHS (2002, 2005, 2011)

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